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AUTHOR Trevino-Richard, Terry; And Others
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ABSTRACT

The Area Agencies on Aging are the primary federally funded units charged with delivering basic services to older adults. A study of 145 older adults was conducted to determine the extent and effectiveness of services provided by a southern Area Agency on Aging (AAA) to an urban, black, elderly population in Pine Bluff, Arkansas. Interview results showed that blacks utilized AAA services more frequently, were more knowledgeable about all AAA services, and tended to be more satisfied with services than their white counterparts. Despite this pattern, almost half of all blacks and whites did not know about the AAA, and fewer than 1 out of 3 blacks and approximately 1 out of 10 whites actually used the services. Lower income respondents and those with less education were more knowledgeable and tended to use the services more often. The findings indicate that the expected pattern of non-minorities having greater service utilization of AAA services was not supported. (JAC)

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IMPACT OF AN AREA AGENCY ON AGING ON THE QUALITY OF LIFE AMONG BLACKS AND WHITES IN A SOUTHERN S.M.S.A.

Authors:

Terry Trevino-Richard, Pat Jones, Carolyn Stovall, Dan S. Green

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Terry Trevino-Richard, Ph.D.
Project Co-Director

Dan S. Green, Ph.D.
Project Co-Director

Student Researchers:

Ms. Pat Jones
Ms. Carolyn Stovall
Ms. Mildred Battles
Ms. Savannah Washington
Ms. Carol Newton

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ABSTRACT OF RESEARCH PROJECT

For a Study on the Impact of an Area Agency on Aging on the Quality of Life Among Blacks and Whites in a Southern S.M.S.A.
Grant from the National Urban Coalition

The purpose of this research was to study the experience and behavior of an Area Agency on Aging (AAA) in arranging for the provision of services to a black, aged, urban population. This study focuses on only one city served by one District AAA, but assumes that the research findings are generalizable and can assist the other AAA's in improving their services as well as their commitment of resources to minority elderly. The specific research objectives are to 1) determine minority/non-minority aged knowledge, utilization, and satisfaction with existing services; 2) assess the impact of AAA services on the quality of life of minority/non-minority elderly in Pine Bluff, Arkansas and 3) to determine the effect of income and education on the use, knowledge and satisfaction with AAA services.

This study follows the general framework of survey research. Data is codified, tabulated, quantified (when applicable), and presented in tabular form with a written analysis. Measures were not fusible due to the small number of white users of service included in the sample. Percentages are used to make comparisons for all categories of analysis. Thus, only support for hypothesis can be provided and not statistical tests of significance in supporting or rejecting the hypothesis.

Methods

A two stage sampling design was used to collect the data. First a purposive selection of two census tracts within the SMSA of Pine Bluff was undertaken to match a predominantly black, lower to middle income tract with a corresponding white tract with lower to middle income inhabitants. Secondly, a systematic sample of every fourth block was taken and a saturation canvass of all older adults over 60 proceeded.

Findings

The study countered many of the hypothesis developed on the basis of the literature reviewed. Blacks utilized AAA services more frequently, were more knowledgeable about all AAA services and tended to be more satisfied with services received than their white counterparts. This finding was muted somewhat by the low N of white users which prevented any reliable statistical comparisons. Despite the unexpected pattern favoring blacks, almost half of all blacks and whites did not know of the AAA and less than 1 of 3 blacks and about 1 of 10 whites actually utilized AAA services.

Lower income respondents were more knowledgeable, received services more often, but were slightly less satisfied with services than the middle or upper income subsamples.

Educational attainment also affected patterns of use in AAA programs. Those with lower education were more knowledgeable, and had higher utilization rates than more educated respondents. However, no difference emerged in levels of satisfaction among the three groups.

IMPACT OF AN AREA AGENCY ON AGING
ON THE QUALITY OF LIFE AMONG BLACKS AND WHITES
IN A SOUTHERN S.M.S.A.

Statement of Problem

This study is an attempt to determine the extent and effectiveness of service provided by an Area Agency on Agina (AAA) to an urban, black, elderly population. The Area Agencies on Aging (AAA, are the primary federally funded units charged by the Administration on Aging (AoA) to arrange or deliver basic services to older adults in the United States, particulary the vulnerable older adult (1978 Amendment.) Since Title III of the Older Americans Act requires "universal services" to our nation's elderly where the only criteria for service is age, it is considered necessary to emprically study the experience of the AAA's in servicing minority elderly, many of who fall into the category of vulnerable older adults.

It has been clearly documented that the older minority American faces a situation of double jeopardy (See, for example, Double Jeopardy: The Older Negro in America Today, National Urban League, 1964 and E. Percil Stanford, ed., Comprehensive Service Delivery Systems for the Minority Aged, Proceedings of the Fourth Institute on Minority Aging, 1977). It also seems clear that the plight of the aged minority member will not be easily or readily alleviated. The minority elderly in the United States consist of approximately three million persons and constitute a major target population for health and socialization services from the aging social service network. A major obstacle to the provision of services to minority older adults is the lack of information about what is being provided by present service delivery programs. This has often led to unintentionally biased planning by agencies in the development of services. For example, the President's Commission on Mental Health (1978) concluded that appropriate services are not available to many of the minority elderly, even though social, economic and environmental factors render them particularly vulnerable to acute and prolonged psychological and emotional distress (Guttman, 1980). The report also charged that government funded programs often ignored existing cultural, social and community support systems in the development of services

The double jeopardy of being both a minority and poor has a tremendous impact on both the care and treatment of the category of elderly. Gordon and Rehr (1969) noted that some of the important factors influencing the pattern of medical and social services are cultural (ethnic) variables and socio-economic status: "It is clear that the passive waiting for the patient (or client) to present himself for social service will not work for those.....who may not neither recognize a problem nor be aware of resources for help." This again points toward some of the differences among the minority elderly and the need for social service providers to be aware of these differences in the design and implementation of services.

Hokenstad (1969) has written that several studies have pointed out the positive relationship between socioeconomic position and knowledge of socil services. Since many minority elderly are in the lower socio-economic groups, this has a direct relationship to service provision for them. Similarly, Fowler and McCalla (1969) reported that people commonly considered to be those for whom services should be primarily geared were least likely to know about the services. Another researcher has noted that "an apparent conclusion of research on the

elderly and useof social services to date appears to be that those most in need of services are not knowledgeable about services and are unable, therefore, to see themselves as requiring a service" (McCormack, 1971). These studies point to define a need-utilization gap which in part is due to a lack of knowledge regarding availability of services. This lack of knowledge, in turn, is related to minority status and socioeconomic status and again points toward the need for Area Agencies on Aging and other service providers to evaluate their techniques and strategies of service provision. The most appropriate method of attempting to resolve this situation is through rigorous research on the experience of Area Agencies in arranging for services to the minority aged.

Research has already documented many facts regarding service provision to the elderly--including the not too startling revelation that "Minorities have received a less than proportionate share in the expanding resources for older people" (Solomon, 1977). Also, and of perhaps more importance, "research has more often than not tended either to ignore minority group differences or deny their relevance for issues in service delivery" (Bell, Kassachau, and Zellman, 1976). In an article on "Comprehensive Service Delivery Systems for the Minority Aged," Dominguez (1977) states that there are several differences between the minority and nonminority elderly which result in the former not obtaining the benefits and services for which they are eligible; these include differences of language and culture, policy and planning factors, and service delivery techniques and strategies. Although some have argued that the problems of the minority elderly do not indicate a need for unique service delivery systems to all minority elderly , particularly blacks, this argument seems to miss the point (See Bell, Kassachau, and Zellman, 1976). One can argue, following Solomon (1977), that "The process of service delivery itself may need to be culturally specific if there are differences among groups in regard to such variables as patterns of communication, verbal and non-verbal language usage, establishment of rapport, or assessment of expertise." Or, one can argue that the minority elderly vis a vis the dominant elderly clearly lack the resources to effectively cope with their problems and have not, as stated above, obtained the level of services and benefits due them--largely because of their minority status. A pathfinding study by Cueller (1979) of service provision in San Diego, concluded that in order for minority elderly to receive adequate services, agencies had to overtly seek minority elderly by developing programs geared specifically to the ethnic group they wished to serve. In fact, Cuellar reported that white elderly often purposefully traveled to many Latino and Asian/American senior citizen sites to enjoy the ethnic foods and cultural programs. Minority elderly on the other hand, did not and often would not leave centers which were sensitive to their own cultures. Apparently whites feel fewer cultural boundaries in searching for aged programs while minority elderly feel uncomfortable or unwanted in predominantly white programs.

Problems of discrimination, insensitivity, differing languages and diverse cultures all serve to make the minority elderly a unique category hence in need of services directed at their particular needs and circumstances (Torres-Gil, 1977). As McCaslin and Calvert (1975) have stated, "ethnicity can have a differential effect on service utilization by the elderly and should be an important consideration in the design of services." An important issue here, as we have noted above, is whether the minority elderly are different enough or

have different enough needs to warrant special consideration or special programs. We agree with Dominguez (1977) who argues that "the real key in the delivery of a whole range of costly services is not whether they are segregated, but rather whether they have mechanisms for addressing language and cultural differences." That is, we feel that an effective service strategy for Area Agencies will be based on the relevant cultural differences of the minority elderly which influence service utilization. This investigation is an effort to build the knowledge base necessary to design appropriate strategies.

Dimensional Focus

This study addressed four crucial problems in service delivery to minority groups among Area Agencies on Aging:

1. To what extent are urban black elderly aware of and utilizing the services provided for them?

2. To what extent are urban black elderly satisfied with the services provided by Area Agencies?

3. To what extent are Area Agencies arranging for, and meeting the needs of urban elderly blacks?

4. To what extent have the services provided to urban elderly improved their quality of life?

In other words, the problem consists of four related but discrete dimensions. One dimension is concerned with the type and level of resources committed by Area Agencies to the minority aged. If they are directing adequate then one might conclude that the minority elderly are being adequately served. The mere committment and arrangement of services and staff, however, does not imply the utilization of the available services. This dimension is necessary, but not sufficient, in terms of assisting the minotiry aged.

A second dimension which presupposes the utilization of the services is an awareness of the availability of services. In the absence of an awareness, individuals are unaware of what is available and the resources committed will be underutilized. Like the first dimension, this one is also a necessary condition for utilization, but not by itself sufficient.

The third dimension is the degree of satisfaction with the services provided. Although this is not a necessary dimension, it is a significant factor that Area Agencies and other service providers must attend to. Dissatisfaction compounds the existing "double jeopardy", whereas satisfaction tends to alleviate the condition and carries with it the probability of increased utilization of services due to the satisfaction.

The fourth dimension addresses the underlying goal of the Older Americans Act - to improve the quality of life for older adults by preventing premature institutionalization. This is accomplished through techniques of developing services geared to strengthen a variety of factors like the elderly's physical independence, their support networks, insuring safer and cleaner housing conditions,

and providing counsel to assist the elderly with a myriad of stress-inducing situations. This dimension is measured through self ratings of whether or not the services did aid the older adult in maintaining their independence and wellbeing. This research will assist Area Agencies and service providers in arranging for and improving services to minority elderly. This purpose will be fulfilled by collecting and analyzing a body of data related to meeting the needs of the target group; in showing the Area Agencies how to increase awareness of their clientele about the services provided; and in pinpointing the perceptions of Area Agency clients regarding the usefulness of the services rendered. The study included an equal number of whites in the initial contact phase to allow for a comparative analysis of racial variations within the four dimensions above.

Research Hypotheses

Hypotheses have been formulated in with the review of the existing literature.

H_1 There will be a significant difference between minority and nonminority elderly in the utilization of AAA services, disproportionately in favor of treater nonminority use.

H_2 Nonminority elderly will possess greater knowledge of available AAA services than minority elderly.

H_3 The need for and satisfaction with AAA services will be greater among minority elderly than nonminority elderly.

H_4 Family contact will be greater among minority elderly than nonminority aged.

H_5 There will be no differences between minority/nonminority elderly over perceived problems or concerns for older adults.

Conceptual Framework

This study follows the general framework of survey research. Both questionnaires and structured interviews are extensively used. The major independent variables include minority and nonminority status, age, sex, marital status, education, income, living arrangements, need health, transportation, community support systems and nonusers of AAA Services. Major dependent variables are utilization rations, knowledgeability of services, satisfaction with services and improvement in the quality of life. The data was analyzed utilizing percentile comparison to allow for laymen to understand variations.

A sample of minority and nonminority elderly were drawn from within the city of Pine Bluff, Arkansas. Pine Bluff is located in Jefferson County which is a Standard Metropolitan Statistical Area. Tract and block data were available through the S.M.S.A. population count of the Bureau of the Census thus supplying a convenient means of delineating areas for analysis. The blocks within the

city of Pine Bluff made up the basic units of analysis.

Sampling Procedures for Minority Elderly

The procedure employed for gathering a sample of unserved minority and nonminority aged respondents involved two steps. First was the tract and block selection, and second, the selection of respondents. The first step consisted of two sampling stages; first, urban census tracts were classified according to ethnic competition and a purposive selection of four tracts taken to insure representation of both minority and nonminority areas. Second, from those tracts chosen blocks were randomly selected. The census blocks were divided into three categories -- those predominantly white, racially mixed blocks and those predominantly black. The blocks were then ranked according to the percentage of elderly within the block and a systematic selection of every 4th block was drawn. The second step required a saturation canvassing by the interviewers of all elderly residents within the blocks chosen.

Data Analysis Plan

Data from households in each of the sample blocks selected were tabulated and codified using standard sociological procedures. Simple percentage comparisons were used to cross-tabulate and compare relevant variables which were summarized as supporting or rejecting the research hypotheses.

Data Collection Methods

Data was collected by six senior level students at U.A.P.B. All six interviewers had previous interviewing experience and were required to undertake interviewing seminars concentrating on 1) proper use of the instruments, 2) confidentiality of the information recovered and 3) the techniques used in sampling each household. Interviews were conducted from March to April of 1981.

Data Analysis

The body of this report is organized into six sections. Findings related to the hypotheses above along with statistical tables providing a data analysis supporting the acceptance or rejection.

1. A sociodemographic overview of the sample respondents.
2. A summary of the knowledgeability by respondents of the AAA services.
3. A summary of use patterns among those respondents who received AAA services.
4. The effect of AAA services on the quality of life of users.
5. An overview of the significant findings of the study.

Sociodemographic Characteristics of the Sample

A total of 175 subjects completed all interview schedules during the two month project. As a result of interviewing irregularities among one of the survey interviewers, 30 interviews were dropped from the sample to insure the reliability and validity of the remaining survey responses. Of the final 145 subjects 63.9% were female, 36.1% were male. The over representation among females was primarily due to the time at which most interviews were conducted from 4:00 to 6:00 P.M.

Slightly over two-fifths (40.6%) of the respondents were from 60-69 years of age, one-third (33.6%) were from 70-79 years old and one fourth (25.9%) were over the age of eighty. The median age was 72.8 years. Close to two-thirds of the sample was black (62.8%) with the remaining 37.2% being white. Although we had intended to have equal representation among the two racial groups, (Pine Bluff is evenly divided between blacks and whites) the deletion of 30 white respondents from the sample led to a higher percentage of blacks vis a vis whites. The marital status breakdown showed only 35.9% of the sample respondents were married, 42.8% were widowed and 21.4% were either divorced, separated or never married.

Over one-third (36.2%) of the sampling elements had an elementary education while almost two-fifths (39.9%) possessed at least a high school degree or some college. Nearly half (46.2%) of the respondents earned less than $4,000 - $7,999 while less than one of four (24.1%) received more than $18,000 yearly. The majority of persons (41.4%) either lived alone or with only one other person. Two-fifths of the sample lived in households with 2 or 3 other persons. Less than one of five (18.6%) respondents lived in houses with four or more co-residents.

Knowledge of AAA Services Among the Total Sample

The majority of respondents (51.7%) when asked if they had heard of services provided by the Area Agency on Aging reported they had heard of the services. Of those who were aware of AAA services, the following Table I summarizes the means by which they heard of AAA services.

TABLE I

	Absolute Number	Adjusted Frequency	Cumulative Frequency
Radio	4	5.9	5.9
TV	8	11.8	17.7
Newspaper	7	10.3	28.0
Friend or Relative	44	51.4	79.4
Church	6	8.8	88.2
Other	6	8.8	100.0

Table II lists the number of respondents who were knowledgeable about the different types of services provided by the AAA.

TABLE II

	Percent of those who knew of Services Provided
A. Chore services	34.7%
B. Energy assistance (home weatherization)	28.2%
C. Socialization activities	64.1%
D. Transportation	63.4%
E. Telephone reassurance	4.2%
F. Noon meals	71.8%
G. Home health care	32.4%
H. Outreach	9.2%
I. Legal services	9.9%
J. Home repairs	21.8%
K. Information and referral	8.5%

The table shows that the basic services provided at nutrition sites (meals, transportation and the socialization) were relatively well known by most respondents. Other services like weatherization, home health care, chore services and home repairs were less frequently known (under one third in most cases) while services like information and referral, telephone reassurance, outreach and legal services were known by less than one out of ten persons.

Utilization of Services (Total)

Only 31 of the 145 respondents actually utilized AAA services. This only 21.4% actually were receiving services. Of the 75 of 145 (51.7%) who knew of AAA services, slightly more than 2 of 4 (41.3%) actually received services among those who were knowledgeable of the services provided with the AAA.

Quality of Life (Total)

Respondents indicated a high level of satisfaction in regard to the location of service delivery units. The percentages in Table III document this perception among both users and non-users.

Satisfaction with Location

TABLE III
(by percent)

	Very Satisfied to Satisfied	Very Dissatisfied to Dissatisfied
Users	96.7% (29)	3.3% (1)
Non-Users	96.6% (56)	3.4% (2)

A large majority (59%) reported that they wished to participate in the AAA programs. The vast majority (77.4) of service recipients indicated that participation in the AAA programs had helped very much in maintaining their independence. A corresponding large number (72%) state that service participation led to a greater happiness with their present life situation. Finally, a majority of the respondents (69%) indicated that their most pressing need(s) could be helpful by participation in the AAA programs. This provided strong support for the impact of AAA services on the lives of older adults who participate in the AAA programs.

Problems Perception (Total)

The sample population was queried on two issues which related to their perception of problems. First, they were asked what their most pressing problem was and secondly their concern for various age-related problems. Table IV summarizes their responses to this question.

TABLE IV

	Most Pressing Problem by Percent For Total Sample		
	(Total N)	Adjusted Frequency	Cumulative Frequency
Health	37	26.1	26.1
Money	15	10.6	36.7
Home Repairs	6	4.2	40.9
Transportation	3	2.1	43.0
Other	24	16.9	59.9
No Problem	57	40.1	100.0
Total	142	100.0%	100.0%

A second problems topic asked respondents the following question: "I will read you some problems or concerns typical of elderly people---please tell me if they are of concern to you". Item responses were: strongly concerned/concerned, unconcerned/strongly unconcerned, don't know. The listing of problems by level of concern is indicated in the table below.

TABLE V

(Concern for problems by percent)

Problem	Strongly Concerned/ Concerned	Unconcerned/ Strongly Unconcerned
Health	79.1	20.8
Crime	74.5	25.5
Money	73.1	26.9
Transportation	58.3	41.4
Housing	52.4	47.6
Obtaining Help	51.1	49.0
Education	38.7	61.4
Obtaining Services	32.7	67.2
Loneliness	23.6	76.4
Lack of Friends or Relatives	19.6	80.4
Too Much Leisure Time	18.0	82.1
Thinking of Retirement	12.0	88.0

Table V demonstrates that the sample respondents had the same concerns that most elderly have in metropolitan areas. The basic problems of health, crime, money, housing and transportation were of major concern to a majority of interviewers while other problems like retirement, loneliness or lack of friends or relatives tended to have lower levels of concern.

RACIAL COMPARISONS

Utilization of Services:

Hypothesis one of this study predicted that more whites than blacks would utilize services from the AAA. The investigation found that 26.2% (24) of blacks utilized AAA services, but only 12.2% (7) of whites were receiving services. This countered the expected direction suggested by Hypothesis one. Perhaps more important than the fact that blacks did utilize services to a greater extent than whites in our study was the fact that both blacks and whites had a small number actually utilizing services.

Knowledgeability of AAA Services

One of the hypotheses of this study stated that nonminority elderly will possess more knowledge of available AAA services than minority elderly. The questions asked to measure this knowledgeability dimension are summarized below.

When asked whether or not they had heard of the AAA Agency in Pine Bluff, 52 (59%) of the minority elderly stated that they had heard of these services and 23 (44%) of the nonminority elderly answered in the affirmative. The percentages presented in Tables VI and VII below indicate that more blacks than whites were able to define AAA, and that more blacks than whites were knowledgeable about AAA services.

TABLE VI
(Type of definitions provided for AAA by percent)

	Good Definition	Vague	Poor	O.K.
Black	56	19	11	15
White	16	68	11	5

TABLE VII

Did you know AAA provides - - % Responses Yes	Black	White
A. Chore Services	50	9
B. Energy Assistance (Home Weatherization)	37	14
C. Socialization Activities	77	42
D. Transportation	72	48
E. Telephone Reassurance	6	2
F. Noon Meals	81	56
G. Home Health Care	40	19
H. Legal Services	11	8
I. Home Repairs	28	12
J. Information and Referral	12	2

It is apparent from the above figures that blacks were more knowledgeable of all services provided by the AAA than their white counterparts. However, services like telephone reassurance and legal services were extremely low in knowledgeability among both racial subgroups.

Even though 66% of minority elderly responded in the affirmative when asked if they would like to participate in AAA services, only 35% indicated they would know how to go about obtaining benefits from an Area Agency on Aging. Of all services provided by the AAA, the noon meals were the most utilized with 81% of blacks and 55% of whites using these services at least once a month.

Participation Preference Among Non-Users

In Table VIII below, the percentages point out that more blacks would like to participate in AAA programs than would their white counterparts. There apparently exists a larger negative perception about the AAA services among sampled whites perhaps indicating a value identifying the AAA services as a form of public welfare.

TABLE VIII

	Yes	No
Blacks	67%	33%
Whites	45%	55%

Obtaining Services from the AAA

When asked how they would go about obtaining services at the AAA, the study found that 4 of 5 elderly whites indicated they would either call the AAA office or go to the office for services, while 2 of 3 black elderly reported they did not know how to obtain benefits or who to go to. This reflects a clear difference among blacks and whites in knowledge about how to obtain services.

Due to the low N, statistically significant findings were not possible. However, the percentages presented above do not support hypothesis number two that non-minorities would be more knowledgeable of AAA services than the minority sample with the exception of how to obtain services. The data analysis does show that a major obstacle to the provision of services to minority/nonminority older adults is the lack of a clear understanding about what is available in present AAA service delivery programs.

Quality of Life

One of the assumptions tested in this study is that the quality of life among the aged being served by the AAA will be improved as a result of participation in the AAA programs. This was borne out in the data analysis.

All minority elderly (24) who participated in AAA services indicated that this participation had helped in maintaining their independence. Also, of all sampled blacks who were users, twenty-two (92%) said they were much happier because of their participation. Whites were somewhat more uncertain about the impact of participation on their independence, (4 of 7) but the small N prevents

any valid generalizations. Even though a small number (24) of the minority elderly had actually used the AAA services all twenty four of these participants indicated the services they received were good. Of the small number on non-minority who had used the services, a large percentage (83%) also reported the services received were good. Both black and white service recipients responded that they were very satisfied (over 95%) with the convenience of location for all AAA services received. This does indicate a positive influence upon the quality of life for older adults who participate in AAA programs. Support is thus provided for hypothesis three of this investigation.

A racial comparison of common concerns among white and black older adults demonstrated again a significant difference of perceptions among the two racial groups. This did not support the expected pattern of no difference between older blacks and whites as stated in hypotheses #5.

The table below summarizes the greater concern of blacks vis a vis whites for all listed problems affecting the elderly. Interpreting this table should be done with caution however as there are no controls for the effect of income or other intervening variables which can explain this striking difference. However, based on these responses, hypotheses five was conditionally rejected.

TABLE IX

Common Concerns of Elderly By Race
(in percent)

Problem	Strongly Concerned/Concerned	
	Black	White
Health	61%	22%
Money	59%	9%
Housing	52%	0
Education	50%	0
Crime	45%	9%
Transportation	43%	9%
Obtain Help	23%	4%
Obtain Services	19%	0
Other	0	10%
Relatives	0	8%
Loneliness	2%	4%
Thinking Retirement	3%	0
Leisure	1%	2%
Friends	1%	2%
Effect of Retirement	1%	0

An unexpected finding in this study as documented in Table XI was that whites, rather than blacks, were more likely to contact relatives, friends or their

church for help or assistance. This does not support hypothesis four which predicted greater familial contact among minorities versus nonminorities. Blacks were far more likely to state they did not know who to contact or would contact a public agency for help. (See Table X below)

TABLE X

	Relative	Friend	Pastor	D.K.	Agency	No One	Other
Black	15%	6%	5%	34%	32%	2%	4%
White	34%	21%	21%	4%	8%	0	13%

Summary of AAA Service Delivery To

Minority/Nonminority Elderly

The primary issue addressed in this study was whether minority elderly vis a vis nonminority senior adults were more or less knowledgeable, utilized services more frequently and were more satisfied with services provided. Secondary issues analyzed in this study were self perceptions as to which problems were of greatest concern among the racial groups examined. Five hypotheses were tested relating to the issues raised above. The findings of the study in relation to these hypotheses are presented below:

The expected pattern of nonminorities having greater service utilization of AAA service stated in hypothesis one was not supported by the study. The data analysis indicated that blacks not only utilized services more frequently but were also more willing to participate in AAA programs than their white counterparts in this study.

Neither was hypothesis two supported by this investigation which predicted greater service knowledge ability among nonminorities vis a vis minorities. Blacks (both users and nonusers) were more knowledgeable about programs than older whites although both blacks and whites possessed low knowledgeability of certain services like legal services and telephone reassurance.

Hypothesis three relating to consumer satisfaction was supported by the data analysis. Older blacks not only wished to participate more frequently in AAA programs than did elderly whites but they demonstrated greater concern for all problems which effect the elderly. Blacks were also more likely to state that AAA services impacted more favorably on their quality of life than whites although the sample size prevented any true validation of this pattern.

The prediction of greater family support among blacks as opposed to white elderly listed in hypothesis four was not borne out by this investigation. An unexpected finding was that stated contact and support from kith and kin was weaker among blacks in the sample than among whites. Although family support questions did not measure all elements of family support, there was an expressed opinion among many older blacks that when in need they would seek help from either a public welfare office or that they did not know whom to turn to in time of need. This was contrasted by white respondents who reported they would turn to their relatives or family most frequently.

Finally, the degree of concern about various problems facing the elderly showed a clear difference between the perceptions of older blacks and older whites. Older blacks had greater concern about all problems facing them than did elderly whites which contradicated the stated no difference expected in hypothesis five.

The significance of this study is that within the AAA studied here, that little support was found to support the disadvantaged position of older blacks versus whites. A variety of factors may account for this, none the least of which are:

1. Pine Bluff has a very high black population and that as a result of having more economically disadvantaged persons, the programs were geared for older blacks.

2. The small number of whites in the sample do not relfect actual patterns of service delivery to whites in Pine Bluff.

3. There may be regional differences in service delivery within the nation which were unaccounted for.

4. Service delivery to minorities has improved greatly thus broaching this gap identified by previous research.

5. The migration of younger blacks out of Arkansas has effected patterns of support for older blacks.

It is apparent that additional studies are needed to clarify the actual service delivery pattern among older whites and blacks. If changes have occurred during the 1980's which have allowed minorities to more fully participate in AAA services, this must be fully documented to account for regional, socio-economic or population composition variations.

REFERENCES

Beattie, Walter M. Jr., The aging Negro: some implications for social welfare services, Phylon, 21, 1972, 131-5.

Bell, B.D., Mobile medical care to the elderly: an evaluation. Gerontologist, 1975, 15. 100-105

Bell, Duran, Patricia Kassachau, and Gail Zellman. Delivering services to elderly members of minority groups: a critical review of the literature. Santa Monica, CA: The Rand Corporation, April, 1976.

Bello, T.A. Why we need minority nurses. Clinical Conference Papers, American Nurses Association, 1973.

Cuellar, J. Improving social services to minority elderly: the case of San Diego, SDSU Press, 1979.

Curren, D.J. (ed.) Proceedings of Puerto Rican Conferences on Human Services The National Coalition of Spanish Speaking Mental Health Organizations, 1975.

Fowler, Floyd J. Jr., and Mary Ellen Calla. Need and utilization of services among the aged of greater Boston. Mimeographed material, Cambridge: Joint Center for Urban Studies, M.I.T., 1969.

Guttman, David, Perspective on Equitable Share in Public Benefits by Minority Elderly. Executive summary of AoA Grant 90-1-1671; Cathlic University Press, Washington, D. C., March 1980.

Harris, D.; Monica Holmes, L. Steinback, T. Hausner, B. Rocheleau, The Use of Community-based services in long term care by older minority persons. Gerontologist, 19, 1979, 389-395.

Hokenstad, M.C. Social Services and Successful Aging: An Exploratory Study of the Relationship between Social Service Functions and Older Adult Morale. Unpublished doctoral dissertation, Florence Heller Graduate School for Advanced Studies in Social Welfare, Walthan, MA: Brandeis University, 1969.

Jackson, Maurice and James L. Wood. Implications for the Black Aged, Washington, D.C.: NCOA, 1976.

Lewis, Irene and Lester Smith. Health problems of the minority elderly: special problems and services. In E. Percil Stanford (ed.), Comprehensive Service Delivery Systems for the Minority Aged, pp. 81-86.

McCaslin, Rosemary and Welton R. Calvert. Social indicators in black and white: some ethnic considerations in delivery of service to the elderly. Journal of Gerontology, 30, 1975, 60-6.

McCarmack, J. Aged Consciousness and Social Services among the Elderly. Unpublished doctoral dissertation, Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA: Brandeis University, 1971.

Mathiasen, Geneva. Factors affecting the provision and use of services by the elderly. Paper presented at the 8th International Congress of Gerontology, Washington, D.C.: 1969.

Ramirez, Fem A. Home health care in the minority community. In E. Percil Stanford (ed.), Comprehensive Service Delivery Systems for the Minority Aged, pp. 69-74.

Scott, N. Health and healing practices among five ethnic groups in Miami, Florida. Public Health Reports, 2974, 89, 524-530.

Solomon, Barbara. Better planning through research. In E. Percil Stanford (ed.), Comprehensive Service Delivery Systems for the Minority Aged, pp. 19-29.

E. Percil Stanford (ed.). Comprehensive Service Delivery Systems for the Minority Aged. Proceedings of the fourth National Institute on Minority Aging, San Diego: The Campanile Press, 1977.

Torres-Gil, Fernando. Research statement. In E. Percil Stanford (ed.) Comprehensive Service Delivery Systems for the Minority Aged, pp. 31-33.

Double Jeopardy: The Older Negro in America Today. National Urban League, 1964.

The Multiple Hazards of Age and Race: The Situation of Aged Blacks in the United States. A preliminary survey for the Special Committee on Aging United States Senate, Washington, D. C.: 1971.

Triple Jeopardy.....Myth or Reality? Washington, D.C.: NCOA, 1972.